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IMPORTANT NOTICE
TELECOPY/FACSIMILE COVER LETTER

TO: U.S. Patent and Trademark Office
Examiner: Mitra Kianersi
Art Unit: 2143

DATE: October 27, 2004

FROM: Dariusz G. Adli
213/337-6809 (phone)

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 13

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MESSAGE:

Patent Application No.: 09/812,709; Our Ref. 81747.0192
I hereby certify that the following documents:

- ☒ Amendment
☒ Amendment Transmittal

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

October 27, 2004
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Diane Zynn

TELECOPY/FAX NUMBER: 703-872-9306 ART UNIT 2143
CLIENT NUMBER: 81747.0192
ATTORNEY BILLING NUMBER: 5214
CONFIRMATION NUMBER: 703-305-4650 (return fax to Diane Zynn)

FORM PTO-1083

81747.0192

Patent Application No. 09/812,709

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Masahiro MINOWA

Serial No: 09/812,709

Confirmation No.: 9714

Filed: March 19, 2001

For: RECEIPT PRINTING AND ISSUING SYSTEM, AN
ADDED-VALUE PRINTING PROCESSING METHOD
AND A DATA STORAGE MEDIUM USING THE SAME

Art Unit: 2143

Examiner: Mitra Kianersi

I hereby certify that this correspondence
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(703) 872-9306:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450 on

October 27, 2004

Date of Deposit

Diane Zynn

Name



Signature

Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	20	-	20	0	LG=\$18 SM=\$9	\$0	\$ 0
INDEPENDENT CLAIMS FEE	2	-	3	0	LG=\$88 SM=\$43	\$0	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145		\$ 0
Independent Claims: 1 and 9					TOTAL		\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

--- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. A copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 60-1314. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17Respectfully submitted,
HOGAN & HARTSON L.L.P.

By


Darush G. Adli

Registration No. 51,386

Attorney for Applicant(s)

Date: October 27, 2004

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Appl. No. 09/812,709
Amdt. Dated October 27, 2004
Reply to Office Action of July 28, 2004

Attorney Docket No. 81747.0192
Customer No.: 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Masahiro MINOWA
Serial No: 09/812,709
Confirmation No.: 9714
Filed: March 19, 2001
For: RECEIPT PRINTING AND ISSUING
SYSTEM, AN ADDED-VALUE
PRINTING PROCESSING METHOD
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USING THE SAME

Art Unit: 2143

Examiner: Mitra Kianersi

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Alexandria, VA 22313-1450 on

October 27, 2004

Date of Deposit

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Signature

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AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated July 28, 2004, please amend the above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.